Consultant Travel Claim Procedures:

- Airfare, car rental and taxi fare charges will be reimbursed by CSD (tips not included).
 Private vehicle use (not company vehicle) will be reimbursed at .34 per mile.
- Hotel lodging will be reimbursed up to \$84.00 + tax.
- Traveling Expenses for allowable per diem reimbursement rates for trips less than 24 hours:
 - \$6.00 breakfast (if travel begins at or before 6:00 a.m.) \$18.00 – dinner (if travel begins at or before 4:00 p.m. and ends at or after 7:00 p.m.)
- Traveling Expenses for allowable per diem reimbursement rates for trips more than 24 hours:
 - \$6.00 breakfast (if travel begins at or before 6:00 a.m.) \$10.00 - lunch (if travel begins at or before 11:00 a.m. and ends at or after 2:00 p.m.) \$18.00 - dinner (if travel begins at or before 4:00 p.m. and ends at or after 7:00 p.m.)
 - A **\$6.00** incidental may be claimed for each full 24 hours of Travel.
- STD 262 Travel Expense Claim form.
- STD 204 Vendor Data Record
- CSD 491 Consultant Travel Expense Claim
- Complete STD 262 Travel Expense Claim form, CSD 491
 Consultant Travel Expense Claim form and STD 204 Vendor Data Record and submit all documents plus original receipts to CSD for reimbursement.

State of California
Department of Community Services and Development

CONSULTANT TRAVEL EXPENSE CLAIM

CSD 491 (Revised 2/03) Consultant's Name: Agency/Company: Address: Date of Travel From: To: Departure Time: Return Time: SUBSISTENCE ALLOWANCE (MEALS/LODGING): Number of Nights Lodging (Original receipt required) Subsistence Allowance (Based on current state rates) TRANSPORTATION: Air Fare \$ _____ (Original receipts are required for all air travel) Car Mileage @ 34¢ per mile _____ (miles) = \$ ____ Taxi/Airport Shuttle \$ ______ (Original receipt required) Rental Car \$ _____ (Original receipt required) Toll Fees \$ _____ (Original receipt required) Parking \$ _____ (Original receipt required) BUSINESS EXPENSE: \$ (Original receipt required, claims for telephone calls must include the place and party called. All other expenses require an explanation.) Signature of Person traveling: Original receipts are required for items of expense claimed as indicated above. Affix small receipts to 8 ½ x 11 paper. Submit original. Travel expense claims must adhere to California State guidelines and regulations. For CSD Use Only: Amount to be paid \$_____Index Code____PCA Code____ Approved by: _______ Date: _____

POSITION CB/ID NO. DIVISION OR BUREAU INDEX NUMBER / PCA RESIDENCE ADDRESS TELEPHONE NUMBER CITY STATE ZIP CODE CA CA TIANSPORTATION (8) (9) LOCATION Where Expenses LODGING Break- N/C, Role, TALS Cost of Type Tolls, Private Car Use BUSINESS TOTAL CAPTURE TIME Ware Incurred.					nstructions and *Privacy ment on Reverse Side				Page 1 of				Pages	
RESIDENCE ADDRESS READQUARTERS ADDRESS TELEPHONE NUMBER	CLAIMAN 1 3 M	AME				ISSAN OR	REMPLOYE	EE NUMBE	ER*	DEPARTM	ENT			
STATE ZIP CODE CITY	POSITION CB/ID NO.			- · · · · · · · · · · · · · · · ·	DIVISION OR BUREAU				INDEX NUMBER / PCA					
15 MONTH VEM (3)		DRESS-				HEADQUA	HEADQUARTERS ADDRESS				TELEPHONE NUMBER			
10 10 10 10 10 10 10 10	CITY	<u> </u>		ZIP	CODE	CITY	_ · · · · · ·				ZIP CODE			
LOGATION When begrees Note the begrees Note th	(1) MONTH / YEAR	(3)		(5)	MEALS		(6)	1771	<u> </u>	TRANSPOR	TATION		(0)	40)
Where frequences Where		LOCATION	''	<u>,</u>		O.T., LT.	1	(A)	(B)	(C)				
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL (12) NORMAL (Albeit receipts/wouchars when required) (13) PURPOSE OF TRIP, REMARKIG AND DETAILS (Albeit receipts/wouchars when required) (14) NORMAL WORK HOURS (15)	2)	*	LODGING	Break-		NIC, Raio.	TALS	1	Турв		Priv	rate Car Use	1	EXPENSE
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE SIZE ONLY 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by me in accordance with DPA rules in the service of the statement of Collisions. It is privately owned vehicle was seed, and of indicago rates secred the minimum rate. Leceby that the cent of operating the vehicle was seed to or center than the action was and that I have made and that I have made a repeated by SMB for accordance with DPA rules in the service of the University of the SMB representation that the confidence are presented by SMB for accordance with DPA rules in the service of the University of the SMB representation of the Indicago rate and the representation of the Collisions. 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by SMB for accordance with DPA rules in the service of the University of the SMB representation of the Collisions. 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by SMB for accordance with DPA rules in the service of the University of the SMB representation of the Collisions. 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by SMB for accordance with DPA rules in the service of the University of the SMB rules of the SMB rule	DATE TIME	Were Incurred		fast	Lunch	or Dinner		Trans.	Usad	Parking	Miles	Amount		FOR DAY
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE SIZE ONLY 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by me in accordance with DPA rules in the service of the statement of Collisions. It is privately owned vehicle was seed, and of indicago rates secred the minimum rate. Leceby that the cent of operating the vehicle was seed to or center than the action was and that I have made and that I have made a repeated by SMB for accordance with DPA rules in the service of the University of the SMB representation that the confidence are presented by SMB for accordance with DPA rules in the service of the University of the SMB representation of the Indicago rate and the representation of the Collisions. 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by SMB for accordance with DPA rules in the service of the University of the SMB representation of the Collisions. 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by SMB for accordance with DPA rules in the service of the University of the SMB representation of the Collisions. 1 HERREY CERTIFY that the above in a bius statement of the travel expenses incurred by SMB for accordance with DPA rules in the service of the University of the SMB rules of the SMB rule														
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VENCLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY 1 HEREBY CERTIFY that the above is a true statement of the favel appearses incumed by me in accordance with DPA rules in the service of the Size of Collegens. If a private vence is when the requirement is precised by Service or Collegens in the case of operating bits valued 1 HEREBY CERTIFY that the above is a true statement of the favel appearses incumed by me in accordance with DPA rules in the service of the Size of Collegens. If a private vence is valued as true as taken, and if including rules acceed the infiltrum rise. I certify that the case of operating bits valued 3 Size of Collegens. If a private vence is valued as true to the rules are collegens or 200, 1073 (27.03 and 27.04) PAID BY REVOLVING FUND CHECK NULSE 1 SECON STATUTE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE OATE														
SUBTOTALS COLUMN CODE (ACCTG. USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE 0754 partaising to valide salary and soat belt usage. DATE (18) SIGNATURE OATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE DATE												-		
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE 35 State of California. It a privately which was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 46 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 47 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 48 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 49 State of California. It is privately ewhole vehicle was used. 40 State of California. It is privately ewhole was used, and if the travel expenses incurred by me in accordance with DPA rules in the service of the call the cast of operating														
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE 35tato of California. Il a privately worked vehicle was used, and if mileage rates exceed the milimum rate. I certify that the cast of operating the vehicle safety and seat beit usage. CMIAINTS SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE														
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE 35tato of California. Il a privately worked vehicle was used, and if mileage rates exceed the milimum rate. I certify that the cast of operating the vehicle safety and seat beit usage. CMIAINTS SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE							"""							
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE 35 State of California. It a privately which was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 46 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 47 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 48 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 49 State of California. It is privately ewhole vehicle was used. 40 State of California. It is privately ewhole was used, and if the travel expenses incurred by me in accordance with DPA rules in the service of the call the cast of operating														
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE 35 State of California. It a privately which was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 46 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 47 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 48 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 49 State of California. It is privately ewhole vehicle was used. 40 State of California. It is privately ewhole was used, and if the travel expenses incurred by me in accordance with DPA rules in the service of the call the cast of operating												_		****
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE 35 State of California. It a privately which was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It a privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 45 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 46 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 47 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 48 State of California. It is privately ewhole vehicle was used, and if mileage rates exceed the milimum rate. I certly that the cast of operating the vehicle 49 State of California. It is privately ewhole vehicle was used. 40 State of California. It is privately ewhole was used, and if the travel expenses incurred by me in accordance with DPA rules in the service of the call the cast of operating												:		
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL S (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED O.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE O754 peraining to vehicle easilary and soat belt usage. MILANT'S SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE TO ATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE														
COLUMN CODE (ACCTG. USE ONLY) CLAIM TOTAL S (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE (75) persisting to vehicle safety and soat bell usage. AMAINT'S SIGNATURE OATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE	<u> </u>						1					-		
CLAIM TOTAL \$ (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE # (14) MILEAGE RATE CLAIMED O.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBE was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and O754 pertaining to vehicle safety and soat both usage. AMAINT'S SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE OATE	SUB				(,		_	À		_	
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) (12) NORMAL WORK HOURS	COLUMN]										
(13) PRIVATE VEHICLE LICENSE # [14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and O754 partaining to vehicle safety and soat bolt usage. DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE	1) PURPOSE OF		manintahan	show who		<u> </u>						1		
(14) MILEAGE RATE CLAIMED 0.34 AGENCY ACCOUNTING OFFICE USE ONLY 1 HEREBY CERTIFY that the above is a true statement of the travel expenses incured by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 9750, 0751, 0752, 0753 and O754 pertaining to vehicle safety and soat belt usage. ALMANT'S SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT >> DATE						•1						(12) NORMAL	. WORK HOUR	S
AGENCY ACCOUNTING OFFICE USE ONLY 1 HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that have met the requirements as preachibed by SAM Sections 0750, 0751, 0752, 0753 and OTSI pertaining to vehicle safety and soat belt usage. ALMANT'S SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT >>				·								(13) PRIVATE V	EHICLE LICENS	ie#
USE ONLY I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0751 and OFFICIAL EXPENSE AUTHORIZATION. SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE OFFICIAL EXPENSE AUTHORIZATION. SIGNATURE AND THE SAME THE SAM				, ··. , .					·····				ATE CLAIMED	
I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and soat belt usage. AMAINT'S SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE >> SECOND EXPENSE AUTHORIZATION. SIGNATURE ON THE SACRE Was a first travel of the service of the ser						-						AGENCY	ACCOUNTIN	G OFFICE
AMMANT'S SIGNATURE DATE (18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE >>	State of Califo was equal to o	mia. Il a privalely owned vehicle was used, ar r grealer than the rate claimed, and that I have	id if mileade rai	es exceed t	numinim ad	rate. I certify	that the cost	of operation	the vehicle	æ		PAID BY REVO		HECK NUMBE
SPECIAL EXPENSE ALTHOUGATION SIGNATURE AND THE CASE AND T			1	DATE	1					MENT		DATE		
) SPECIAL EXPE	NSE AUTHORIZATION - SIGNATURE AND T	m = 0 (Cao #-	m 17 co .c.	arail	>>								

STATE OF CALIFORNIA

VENDOR DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

NOTE: Governmental entities, fecieral, state, and local (including public school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the vendor

	The second of th	The state of the s							
1	DEPARTMENT/OFFICE		SE: Information contain	ntained in this form will					
PLEASE	STREET ADDRESS	be used	be used by state agencies to prepare information Returns (Form 1099) and for withholding or						
RETURN TO:	CITY, STATE, ZIP CODE	payment	payments to nonresident vendors. Prompt return o this fully completed form will prevent delays when processing payments. (See Privacy Statement on reverse)						
	TELEPHONE NUMBER	processi							
2 VENDOR'S E	USINESS NAME								
SOLE PROP	RIETORENTER OWNER'S FULL NAME HERE (Last, First, M.I.)								
MAILING ADD	DRESS (Number and Street or P. O. Bax Number)								
City, State an	d Zip Code)								
3	CHECK ONE BOX ONLY	· · · · · · · · · · · · · · · · · · ·							
VENDOR ENTITY	MEDICAL CORPORATION (Including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)	PARTNERSHIP		NOTE: State and local governmental entities, including					
TYPE	EXEMPT CORPORATION (Nonprofit)	ESTATE OR TRUST	ESTATE OR TRUST						
	ALL OTHER CORPORATIONS	INDIVIDUAL/SOLEPH	OPRIETOR	submit this form.					
4	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL REVENUE AND TAXATION CODE SECTION 18646 (See reve	/SOLEPROPRIETOR BY AU®	THORITY OF	NOTE: Payment					
VENDOR'S TAXPATER I.D. NUMBER	FEDERAL EMPLOYERS IDENTIFICATIONNUMBER (FEIN)	BER	will not be processed without an accompanying taxpayer!.D.						
	IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNER- SHIP, ESTATE OR TRUST, ENTER FEIN.	IF VENDOR ENTITY TYPE IS INDIV PROPRIETOR, ENTER SSN.	IDUAL/SOLE						
5	CHECK APPROPRIATE BOX(ES)			NOTE: a. An estate is a					
VENDOR	California Resident - Qualified to do business in CA or a pa in CA	•		resident if decedent was a California resident at time of					
RESIDENCY STATUS	Nonresident (See Reverse) Payments for services by nonrestate withholding	residents may be subject to		death. b. A trust is a					
	WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED								
	SERVICES PERFORMED OUTSIDE OF CALIFORNIA								
6	I hereby certify under penalty of perjury u	ınder the laws of the S	State of California th	at the					
0507757710	information provided on this document is true and correct. If my residency status should change, I will promptly inform you.								
CERTIFYING SIGNATURE	AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE							
	SIGNATURE	DATE	TELEPHON	FELEPHONE NUMBER					
	3		· .						